

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000499

1. Entity Name
FIRC DOUGLAS LTD.

Principal Place of Business 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI FL 33145	Mailing Address 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI FL 33145
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent

FRAGA FAMILY CORP.
2299 DOUGLAS ROAD, 4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as shown on record. \$49,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000095786 FRAGA FAMILY CORP. 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI FL 33145	STREET ADDRESS CITY-ST-ZIP	600005764036--3 -06/12/02--01080--014 ****435.25 ****435.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	346.50-4p 88.75-Adm
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 10 PM 12:51



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CR2E003 (9/01)

STAPLE CHECK HERE